

## **Washington Farm Bureau Healthcare**

**Benefit Plans At A Glance** 

For Effective Dates 10/01/2024 through 09/01/2025

Medical Coverage - Premera Blue Cross & Premera HMO	Provider Network	Office Visit Copay	Deductible Individual   Family	Coinsurance In-Network   Out-of-Network	Prescription Drugs (Retail)	Out-of-Pocket Maximum Individual   Family
80 Series   80% Copay Plans					Preferred Formulary: Generic   Pref Brand   Non-Pref Brand   Specialty	
PPO 80   250	Heritage or Prime	\$30	\$250   \$500	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   500	Heritage or Prime	\$30	\$500   \$1,000	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   750	Heritage or Prime	\$30	\$750   \$1,500	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   1000	Heritage or Prime	\$30	\$1,000   \$2,000	80%   50%	\$10   \$40   \$70   \$250	\$5,000   \$10,000
PPO 80   1500 PPO 80   2000	Heritage or Prime	\$30 \$30	\$1,500   \$3,000	80%   50%	\$10   \$40   \$70   \$250	\$5,500   \$11,000
PPO 80   2500 PPO 80   2500	Heritage or Prime Heritage or Prime	\$30	\$2,000   \$4,000 \$2,500   \$5,000	80%   50% 80%   50%	\$10   \$40   \$70   \$250 \$10   \$40   \$70   \$250	\$6,000   \$12,000 \$6,000   \$12,000
PPO 80   3000	Heritage or Prime	\$30	\$3,000   \$6,000	80%   50%	\$10   \$40   \$70   \$250	\$6,500   \$13,000
PPO 80   4000	Heritage or Prime	\$30	\$4,000   \$8,000	80%   50%	\$10   \$40   \$70   \$250	\$7,000   \$14,000
PPO 80   5000	Heritage or Prime	\$30	\$5,000   \$10,000	80%   50%	\$10   \$40   \$70   \$250	\$7,000   \$14,000
70 Series   70% Copay Plans	, and the second	·				
PPO 70   1000	Heritage or Prime	\$40	\$1,000   \$2,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   1500	Heritage or Prime	\$40	\$1,500   \$3,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2000	Heritage or Prime	\$40	\$2,000   \$4,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2500	Heritage or Prime	\$40	\$2,500   \$5,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   3000	Heritage or Prime	\$40	\$3,000   \$6,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   4000	Heritage or Prime	\$40	\$4,000   \$8,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   5000	Heritage or Prime	\$40	INN: \$5,000   \$10,000	70%   50%	\$10   \$50   \$80   \$250	INN: \$8,000   \$16,000 OON: N/A
PO 70   6000	Heritage or Prime	\$40	OON: \$15,000   \$30,000 INN: \$6,000   \$12,000	70%   50%	\$10   \$50   \$80   \$250	INN: \$8,000   \$16,000
	Heritage of Frince		OON: \$18,000   \$36,000 INN: \$8,000   \$16,000			OON: N/A INN: \$8,500   \$17,000
PPO 70   8000	Heritage or Prime	\$40	OON: \$24,000   \$48,000	70%   50%	\$10   \$50   \$80   \$250	OON: N/A
100 Series   100% Copay Plan						
PPO 100   5500	Heritage or Prime	\$40	\$5,500   \$11,000	100%   80%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
Value Plan						
PPO 100   8000 Not available as dual choice option)	Heritage or Prime	\$0	INN: \$8,000   \$16,000 OON: N/A	100%   0%	\$10 Generics All other tiers subject to deduct/coins	INN: \$8,000   \$16,000 OON: N/A
50 Series   50% Coinsurance Plans						
PPO 50   0	Heritage or Prime	\$0	\$0   \$0	50%   50%	50%	\$4,500   \$9,000
PO 50   1000	Heritage or Prime	\$0	\$1,000   \$2,000	50%   50%	50%	\$5,500   \$11,000
ISA Plans						
ISA 1700	Heritage or Prime	\$0	\$1,700   \$3,400	80%   60%	80%	\$4,500   \$9,000
HSA 2500	Heritage or Prime	\$0	\$2,500   \$5,000	80%   60%	80%	\$5,500   \$11,000
ISA 3500	Heritage or Prime	\$0	\$3,500   \$6,000	80%   60%	80%	\$6,500   \$13,000
HSA 5500	Heritage or Prime	\$0	\$5,500   \$6,000	80%   60%	80%	\$6,500   \$13,000
HMO Plans (HMO Plans use Premera's Sherwood HMO	O Network)	PCP   Specialist			*Essentials Formulary: Pref Generic   Pref Brand   Pref Specialty   All Non-Pref	
HMO 80   2000	HMO only	\$5   \$60	\$2,000   \$4,000	80%	\$10   \$40   \$70   \$150	\$4,000   \$8,000
HMO 80   3000	HMO only	\$5   \$60	\$3,000   \$6,000	80%	\$10   \$40   \$70   \$150	\$6,000   \$12,000
HMO 80   4000	HMO only	\$10   \$65	\$4,000   \$8,000	80%	\$10   \$40   \$70   \$150	\$8,000   \$16,000
- HMO 70   5000	HMO only	\$10   \$65	\$5,000   \$10,000	70%	\$10   \$50   \$80   \$150	\$9,100   \$18,200
· Rx Essentials formulary used for HMO Plans (Esse	·					
Vision Service Plan Enrollment Must Match Medical)	Exan Copay   Fro		Lenses Copay   Frequency	l Allowance	Frames Copay   Frequency   Allowance	Contacts Copay   Frequency   Allowan
	copay	.quelley	copay   Trequency	Tillowance	eopay   Trequency   Thiowalice	copay   Trequency   Tillowall
Group Plans						
xam Plus	\$10   12 Months		n/a   n/a   20% Discount		n/a   n/a   20% Discount	n/a   n/a   15% Discount
Basic	\$10   12 Months		\$0   24 Months   Covered In Full		\$0   24 Months   \$130	Up to \$60   24 Months   \$130
Preferred	\$10   12 Months		\$0   12 Months   Covered In Full		\$0   24 Months   \$150	Up to \$60   12 Months   \$150
Inhanced + Computer Vision Care	\$10   12 Months		\$0   12 Months   Covered In Full \$0   12 Months   Covered In Full		\$0   12 Months   \$150 \$0   12 Months   \$90	Up to \$60   12 Months   \$150
Delta Dental of Washington	Deductible		Coinsurance		Coinsurance	Calendar Year
Uncommon Enrollment Allowed)	Individual	-	Delta PP	0	Delta Premier	Maximum
Group Plans - (requires a minimum of 2+ er			1000/ 1000/ 15	50%	100%/90%/50%	¢1 000
Plan 1 Plan 2	\$50/\$150 \$25/\$75		100%/90%/50%		100%/80%/50%	\$1,000 \$2,000
Plan 2	\$25/\$75		100%/90%/50% 100%/80%/50%		100%/80%/50%	\$2,000 \$1,000
Plan 4	\$25/\$75		100%/80%/50%		80%/70%/40%	\$1,500
amily Orthodontia - 10+ Employees	\$23/\$/3		50%		50%	\$1,000 Lifetime
oluntary Plans - (requires the greater of 3		nore enrolled)	30/0			91,000 Lileume
lan 5 - Low Option	\$50/\$2		100%/80%/5	50%	80%/70%/40%	\$1,000
lan 6 - Medium Option	\$50/\$150		100%/80%/50%		80%/70%/40%	\$1,500
JSAble Life						
Enrollment Must Match Medical)		Group Term Life   A	TO AD	wasnington Farm E	Bureau Healthcare For Your Business	
Group Plans				Additional Informa	tion	
Plan 1   Mandatory			- WFB Healthcare is available to Washington's Agricultural Community			
Plan 2		\$15,000		- Consolidated Billing and COBRA Administration are included in premiums		
Plan 3		\$25,000	_		n insurance brokers sell and service WFB Healthcare	
Plan 4 - 5+ Employees		\$50,000	- Other Agricultural Associations endorse WFB Healthcare			
Dependent Life Rider - No AD&D		ouse: \$5,000   Child(rer	n): \$2,500	- Call DiMartino Assoc	iates, General Agent; 800-681-7177	
First Choice Health - Employee Assistance Available to All Enrolled Employees)						
	Un	to 3 in-person or virtua	l assessment sessions per issue/pe	r nerson/ner vear		



Washington Farm Bureau Healthcare Partners

EAP Plan







Up to 3 in-person or virtual assessment sessions per issue/per person/per year.

Services include general counseling, legal and financial consultation, childcare and family referral services as well as elder and adult care services.





